



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

File #: 0005444954

Date Filed: 10/19/2023 12:16:00 PM

Due no later than: 11/30/2023

Annual Report: No filing fee if received by the due date.

SOS Control Number: 4988723

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 11/09/2022

Formation Locale: ID

Name and Mailing Address:

Concierge Care LLC
2750 BIRDIE THOMPSON DR
POCATELLO, ID 83201-2758

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

Sandra Tolman
2750 BIRDIE THOMPSON DR
POCATELLO, ID 83201

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	SANDRA TOLMAN	2750 BIRDIE THOMPSON DR	Poc. ID 83201
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Sandra Tolman

(6) Date: 10/7/2023

(7) Type/Print Name: SANDRA TOLMAN

(8) Title: OWNER / MANAGER

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0823-8705 10/19/2023 12:16 PM Received by Office of the Idaho Secretary of State